



**SOUTH CAROLINA DEPARTMENT OF INSURANCE**  
Capitol Center, 1201 Main St., Suite 1000, Columbia, SC 29201  
Post Office Box 100105, Columbia, SC 29202-3105  
(803) 737-6095

For Department Use Only

Date Received: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**APPLICATION FOR SURPLUS LINES BROKER'S LICENSE**

**Section 1. Personal Information. All information must be provided.**

1. Social Security Number: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Phone Number: (w) \_\_\_\_\_ (h) \_\_\_\_\_
3. Name of Applicant: \_\_\_\_\_  
Last First M.I. Jr,Sr,II
4. Home Address: \_\_\_\_\_  
Street City State Zip Code
5. Mailing Address: \_\_\_\_\_  
(If different than above) Street/POBox City State Zip Code
6. Line of Authority: Property \_\_\_\_\_ Casualty \_\_\_\_\_ Surety \_\_\_\_\_ Marine \_\_\_\_\_  
Stop Loss Coverage Only: Life \_\_\_\_\_ Accident and Health \_\_\_\_\_
7. Business Address: \_\_\_\_\_

**Section 2. Regulatory Information. All questions must be answered.**

1. Have you ever been fined or been the subject of any disciplinary action, including suspension, cancellation, revocation, or refusal/denial by any insurance department, governmental regulatory entity, or other licensing authority? Yes ☐ No ☐  
If yes, you must attach to this application:  
A. A written statement identifying the type of license and explaining the circumstances of each incident; and  
B. A copy of the official document which demonstrates the resolution of the charges or any final judgment.
2. Have you even been convicted, pled guilty, or pled no contest in any criminal proceeding? Yes ☐ No ☐  
If yes, you must attach to this application:  
A. A written statement explaining the circumstances of each incident;  
B. A copy of the charging document; and  
C. A copy of the official document which demonstrates the resolution of the charges or any final judgment.

**Section 3. Applicant's Certification.**

READ THE FOLLOWING STATEMENTS CAREFULLY AND MAKE SURE YOU UNDERSTAND EACH BEFORE SIGNING THIS APPLICATION:

1. I understand that I am responsible for notifying the South Carolina Department of Insurance, in writing, within 30 days of any address change. See S.C. Code Ann. §38-43-107(1989).
2. I understand that misrepresentation of any fact required to be disclosed in this application is a violation of the insurance code. See S.C. Code Ann. §38-7-140 (Supp. 1998).

\_\_\_\_\_  
Signature of Applicant

THIS FORM SHOULD BE REPRODUCED